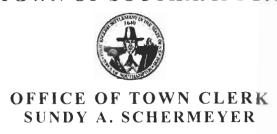
Main Office 116 Hampton Road Southampton, NY 11968

Phone: (631) 287-5740 Fax: (631) 283-5606



**Town Clerk Annex** 

Phone: (631) 723-2712 Fax: (631) 723-3080

Website:

www.southamptontownny.gov

## REQUIREMENTS FOR OPERATOR'S LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st, Midnight

License Fee:

\$100.00

(Cash, check or money order payable to "Town of Southampton")

Fingerprinting:

Please see attached new procedures.

Fees are non-refundable and due when the application is submitted.

Renewal applications submitted after January 31<sup>st</sup> is subject to a mandatory \$25.00 late fee.

Applications Accepted: Monday – Friday 8:30 AM – 2:30 PM

Location: Town Clerk's Office, 116 Hampton Road, Southampton

## DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

• **DOCTOR'S STATEMENT** -\*\*\* Medical Certificate is to be filled out from a doctor licensed to practice medicine in the State of New York stating that applicant has been thoroughly examined within **thirty (30) days** of the completed application and that the applicant is fit to safely operate a licensed vehicle.\*\*\*\* (see attached form)

#### PHOTOGRAPHS

Two (2) identical photographs (2 x 2 head and shoulders) taken no longer than sixty (60) days prior to submission of completed application.

#### DRIVER'S LICENSE

Copy of applicant's valid NYS Driver's license clearly indicating the identification number and expiration date, together with authorization for the Town to conduct an examination of the applicant's driving record.

If the applicant's license is from another state, the applicant must submit an abstract from their local Department of Motor Vehicles stating that the license is equivalent to a Class E chauffeur's license as well as an abstract showing the applicant's driving history.

#### **ADDITIONAL INFORMATION FOR NEW APPLICANTS:**

#### FINGERPRINT PROCESSING

- 1. All new applicants and non-consecutive yearly renewals must be fingerprinted.
- 2. Failure to have fingerprints done in timely fashion may cause a delay in the issuance of the license.

### PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application \$1.00
- Copies per page \$.25

Main Office 116 HAMPTON ROAD SOUTHAMPTON, NY 11968

Phone: (631) 287-5740 Fax: (631) 283-5606



## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

**Town Clerk Annex** 

**Phone:** (631) 723-2712 Fax: (631) 723-3080

www.southamptontownny.gov

### 2012

## APPLICATION OPERATOR'S LICENSE TRANSPORTATION FOR HIRE

For C	Office Use Only
License #	:
Date:	
Initials:	
Business 1	Γaxi #

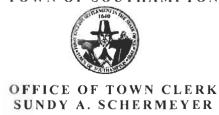
## <u>PE</u>

PERSONAL DATA:		
Date:/		
Name: Last	First	Middle Initial
Taxi Business Name that you are employed with	:	
Any names previously used:		
Cell Telephone No: ()	Alternate Telephone No.:	
Address (Local):		
Address (Legal/Mailing, if different from above)	):	
Marital Status: Eye Color:	Hair Color: Hei	ght:
Weight: Date of Birth	h: Place of Birth: _	
Social Security Number:		
NYS Driver's License I.D. #:	Class:	
Authorization to Conduct Examination	of Driving Record:YES	NO
<ul> <li>Has your Driver's License (of any cla the past eighteen (18) months?</li> </ul>	ss, issued by any state) been suspended YESNO	d or revoked within
• If Yes: What Court: _	Date:	
◆ Cause:		
	, misdemeanor or violation of any murfic and/or parking violations): Y	
If Yes, explain		

Taxi B	usiness Name:			
Address	s:			
Federal	Identification Number:		Telepho	one No:
Place of	f business for past five (5) y	ears if different fror	n above:	
Name o	of Business/Employer:			
Address	s:			
Any pre	evious occupational license	held:Yes		No
If Yes:	Type: When: Suspended or revoked:	Where Date and re	e: ason for revocation	on or suspension:
AND STINFORM TELEPI REPOR OTHER OCCUR	WEAR THAT SAID ANSWE MATION REGARDING NAM HONE NUMBER OF THE P TED IN WRITING TO THE CHANGES SHALL BE R RRENCE.	ERS ARE TRUE ANI ME, RESIDENCE, BU ERSON DESIGNAT E TOWN CLERK W EPORTED TO THE	O ACCURATE. A SINESS LOCATIO ED FOR SERVICE ITHIN SEVEN (7 TOWN CLERK	F MY KNOWLEDGE AND BELIEF NY CHANGES WITH REGARD TO ON AND/OR ANY CHANGE IN THE E OF LEGAL PROCESS SHALL BE O DAYS OF OCCURRENCE. ALL WITHIN THIRTY (30) DAYS OF
Signat	ture	·····	Date	
Sworn	to before me this	day of		20
Notar	y Public	_		
				A CLASS "A" MISDEMEANOR THE STATE OF NEW YORK
****	*******	*******	*****	******
	e Use Only:			
•	License mailed			
	License picked up	*****	******	******

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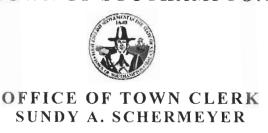
## Medical Certification Form for Taxi Operators

This is to certify that I have examined(Name	of applicant)
The applicant for a Southampton Taxi Operator's Licens  Based on my examination reported herein,  It is my opinion that she or he:	(Date of exam)
Is medically fit to safely operate a licensed tax  Is not medically fit to safely operate a licensed	
Physician Last Name, First Name	Physician's Signature
Mailing Address  Phone # ( )	Physician's License #
Physician's Stamp	

THIS FORM MUST BE VALIDATED WITH AN OFFICAL STAMP BY PHYISCIAN

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Website:

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## REQUIREMENTS FOR VEHICLE LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st-Midnight

License Fee per vehicle:

\$150.00 (Cash or Check)

- Fees are non-refundable and due when the application is submitted.
- Renewal applications submitted after January 31<sup>st</sup> is subject to a mandatory \$25.00 late fee.

### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

TITLE

Copy of the current, valid title.

• NEW YORK STATE VEHICLE REGISTRATION

Copy of the current valid registration.

• NEW YORK STATE INSPECTION CERTIFICATE

Proof of a valid New York State Inspection certificate.

• AUTO LIABILITY INSURANCE CERTIFICATE.

Must include the name, local address and telephone number of the insurance agent and the business owner's license number.

## **DOCUMENTS TO BE SUBMITTED FOR DMV CERTIFCATE OF TAXI PLATES** (Form -MV289)

- TITLE
- INSURANCE CERTIFICATE
- COPY OF BUSINESS CERTFICATE

### PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application \$1.00
- Copies per page \$.25

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## 2012

# APPLICATION FOR VEHICLE LICENSE: TRANSPORTATION FOR HIRE

License # : Date: Initials:
Initials
miniais.
Business Taxi #

All questions must be answered. Failure to properly complete the application in full may cause a delay in the issuance of your license. This application will <u>expire 90 days</u> from the date submitted if it is not completed in full.

	leted in full.	nse. This application	The table of the case submitted if i
Name of B	usiness:		
Name of Bu	usiness Owner:		
			elephone No: ()
VEHICLE	INFORMATION:		
Name of O	wner of Vehicle:		
Address (M	failing and Legal): _		
Vehicle Re	gistration #		Plate #:
Year	Model	Make	Seats
are true and written not false staten	d accurate. The Insurantice of cancellation and	nce Company shall pro i; name, local address a mishable as a class "A"	nowledge and belief and swear that said answers yide the Town of Southampton with 30 days prior and telephone number of the insurance agent. A misdemeanor pursuant to section 210.45 of the
		SIGNA	TURE OF APPLICANT/ DATE
Sworn to b	pefore me this	day of	
Notary Pul	blic	-	
		**************************************	***********
- 1.10	ciise ivianicu	THOUSE I JOKEC	· up